

**NON-RESIDENT MEDICAL
GASES/LEGEND DEVICES
PERMIT APPLICATION**

FOR BOARD USE ONLY	
Permit #	
Date paid	
Amount paid	
Check #	

This permit authorizes a facility to dispense to a patient or patient's agent, medical gases and legend devices on the order of a licensed practitioner. Your completed application along with the non-refundable \$300 permit fee must be received in the Board office at least forty-five (45) days before the required permit is needed. Application fees are non-refundable and non-transferable. Any misrepresentation in the answers to any questions on this application is grounds for refusal or denial of this application and cause for subsequent revocation of the license and is a violation of the laws of the state of South Carolina.

- ☐ New Facility
☐ Change to Existing Permit (Permit # _____)
 ☐ Change of Ownership
 ☐ Change of Name
 ☐ Change of Location (From one city to another.)

Facility Name: _____ FEIN #: _____

Trade Name of Facility (d/b/a) to License: _____

Name of Contact Person at This Site: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Check all categories which apply (do not leave blank): ☐ medical gases ☐ medical equipment
☐ respiratory equipment ☐ Other _____

Are you currently shipping/providing product to patients in South Carolina? [] YES [] NO

Are you DMEPOS accredited? [] YES [] NO
If YES, attach a copy of DMEPOS certificate.

Provide explanation of how legend device prescriptions are tracked: _____

This applicant is (check one): ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC

IF CORPORATION, LIST CORPORATE NAME AND ADDRESS AND PROVIDE NAMES AND TITLES OF OFFICERS (ATTACH AN EXTRA SHEET IF NECESSARY). PLEASE PRINT CLEARLY

Owners/Officers Name and Title	Mailing Address

List below every state in which the applicant holds or ever has held a license to dispense Medical Gases/Legend Devices. (Attach additional sheets if necessary.)

State	Permit Number	Date Issued	Status	Expiration Date

CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS, and STATUS

To the best of your knowledge, has the applicant(s) ever:

1. Had a permit disciplined, denied, refused, or revoked for violations of any pharmacy laws, drug laws in South Carolina or any other state? ☐ YES ☐ NO
 - a. Is there any pending disciplinary action? ☐ YES ☐ NO
2. Been charged, convicted, fined, or entered in a plea of guilty or nolo contendere in any criminal prosecution, felony or misdemeanor, in South Carolina or any other state, or in a United States court? ☐ YES ☐ NO
 - a. For any offense relating to drugs, narcotics, controlled substances, or alcohol, whether or not a sentence was imposed? ☐ YES ☐ NO
 - b. For any offense involved the practice of pharmacy, or relating to acts committed within a pharmacy or drug distributor setting or incident to pharmacy practice, whether or not a sentence was imposed? ☐ YES ☐ NO
 - c. For any offense involving fraud, dishonesty, or an act of violence (i.e. Medicaid fraud, theft of money or drugs, or robbery), whether or not a sentence was imposed? ☐ YES ☐ NO

d. For any offense involving moral turpitude whether or not a sentence was imposed (if you are unsure, check "yes")? ☐ YES ☐ NO

3. Have you ever:

a. Had an application for a drug distributor permit, pharmacy or pharmacist license, permit or certificate or a technician license or registration, denied, refused or revoked in South Carolina or any other state or country? ☐ YES ☐ NO

b. Had disciplinary action taken against you, or a pharmacy or drug distributor facility you owned, or a pharmacy or drug distributor facility where you were employed, by the Board of Pharmacy (or its equivalent) in South Carolina or any other state or country? ☐ YES ☐ NO

4. Violated the drug laws, rules, statutes and/or regulations of South Carolina, or any other state or country or the United States? ☐ YES ☐ NO

If you answered "yes" on any part of the above section, please give a detailed explanation on a separate sheet and attach copies of applicable court documentation. Include the city and state where offense(s) occurred.

License Verification Affidavit must be completed by the State Licensing Board
in which the license/permit is held.

This is to certify that I have read and approve the foregoing and the statements are true and correct to the best of my knowledge and belief; that I will comply with the requirements for non-resident wholesale distributors/manufacturers as contained in the South Carolina Pharmacy Practice Act; and that I understand I am responsible for any violations during my tenure.

Signature of Responsible Person Acting as Permit Holder

Date

Print Name of Responsible Person/Permit Holder

Name of Contact Person

Phone#

Email address of Permit Holder:_____

Subscribed and sworn before me this _____ day of _____, _____.

Notary Public

My commission expires

Application checklist: ___\$300 fee ___license verification ___DMEPOS certificate

Mailing Address:

South Carolina Board of Pharmacy
P.O. Box 11927
Columbia, South Carolina 29211-1927

Overnight/Physical Address:

South Carolina Board of Pharmacy
110 Centerview Drive, Suite 201
Columbia, South Carolina 29210



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Pharmacy

P.O. Box 11927 • Columbia, SC 29211-1927

Phone: 803-896-4700 • Fax: 803-896-4596 • www.llronline.com/POL/Pharmacy/



LICENSE VERIFICATION

This affidavit must be completed by the state licensing board in which the license/permit is held and returned to the applicant to submit to the South Carolina Board of Pharmacy.

This is to verify that _____

Was issued license/permit number _____ on _____

To operate as a ☐ Wholesale/distributor ☐ DME Provider
☐ Manufacturer ☐ Medical Gas Distributor

In the state of _____

This is to further verify that the above-named license/permit is current and in good standing and that there have not been any sanctions imposed against the license/permit.

This _____ day of _____

Signature

Title

Complete Name of Licensing Agency

(Seal)